



Application to the South Carolina
Victim Assistance Academy
August 27-September 1, 2006

Please type or print legibly. If additional space is required please attach separate sheets.

DATE: _____

NAME: _____
LAST FIRST MIDDLE INITIAL

ORGANIZATION: _____

ADDRESS: _____
STREET/ PO BOX CITY/ STATE ZIP CODE COUNTY

BUSINESS PHONE: () _____ / **FAX** () _____

HOME PHONE: () _____ **MOBILE** () _____

E-MAIL ADDRESS: _____

How do you prefer we contact you?

CURRENT POSITION: _____ **FROM:** _____ **TO:** _____

Web Site for your organization: _____

PERSONAL EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT PERSON PHONE(S): _____

DO YOU CURRENTLY HAVE ACCESS TO A COMPUTER WITH A CD DRIVE?

WHAT WORD PROCESSING PROGRAM DO YOU USE?

EDUCATION - GED/HS Diploma/AA/Bachelors/Advanced Degree(s):

YEAR(S): _____ **MAJOR:** _____ **University** _____

IF ACCEPTED, I AM INTERESTED IN RECEIVING INFORMATION ABOUT OBTAINING THREE ACADEMIC CREDITS (Please indicate):

NOTE: Participants seeking academic credit are responsible for paying the course cost (\$150) in addition to the general \$250 registration fee. These fees are not due until you are notified of your acceptance into the academy

PLEASE LIST AFFILIATIONS WITH PROFESSIONAL ORGANIZATIONS OR GROUPS RELATED TO VICTIM SERVICES:

This project was supported by Grant No. 2004-VF-GX-K016 awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice to the South Carolina Governor's Office of Victim Assistance (SOVA). This is a collaborative project between SOVA, the MUSC's National Crime Victims Research and Treatment Center, and the SC Victim Assistance Network.

SECTION TWO:

1. *Select the jurisdiction/category below that best describes the type of organization you represent:*

2. *Select the type of community your agency primarily serves:*

3. *Select the Victim Service category that best describes the type of organization(s) you represent:*

4. *Please indicate the type(s) of crime victims that you PRIMARILY serve: (check no more than three)*

5. *Indicate the types of services that you PRIMARILY provide for victims of crime in your current position:
(Check no more than five.)*

Because of the State of South Carolina travel reimbursement regulations, lodging costs at the Academy hotel cannot be reimbursed by the grant if the student's home is within fifty miles of the Academy site. Such students are welcome to stay at the hotel; however, the Academy cannot reimburse them for their hotel costs.

SECTION THREE:

Please attach a current resume that includes your formal education and other trainings and certificates, as well as previous experience in assisting crime victims. Include other relevant employment in the last three years. Provide information regarding position, responsibilities and dates of service, from most recent to past.

SECTION FOUR:

On a separate page, briefly describe your reason for attending the South Carolina Victim Assistance Academy training and define how your participation will be of personal, professional and community benefit. Provide any additional information you believe important for the application selection committee to consider.

SECTION FIVE:

Two letters of recommendation are required for selection to the SC Victim Assistance Academy. The first letter must be from your immediate supervisor or agency director authorizing your attendance and confirming their commitment to your training by releasing you from your duties for the week of the academy. Their letter should also detail the benefits of having you complete the 40 hours of training. The second letter needs to be from a professional associate, in an agency or office other than your own, demonstrating your commitment to victim issues and willingness to network within your community. These letters must be submitted with the application.

SECTION SIX:

By completing and signing this application, I verify that all information given is accurate to the best of my knowledge and that any false information will be sufficient cause for rejection of my application. **Also, in signing this application I verify my commitment to attend the full 40-hour course, to stay on-site in the provided housing, and to make travel arrangements accordingly.**

Signature

Date

PLEASE MAIL OR FAX YOUR COMPLETED APPLICATION FORM TO:

**Brittany Baber
Medical University of South Carolina
National Crime Victims Research and Treatment Center
PO Box 250852, 165 Cannon Street
Charleston, SC 29425
(843) 792-2945 (office)
(843) 792-4744 (fax)**

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